

Request for **Administrative Confirmation of Division of a Water Right**

Instructions:

Complete the information required, attach referenced documents, and forward to the appropriate regional office address shown on the back of this form.

				WATER RI	IGHT INF	ORMAT	ΓΙΟΝ				
Wa	iter Right	Number: _									
Naı	me on Ce	ertificate: _									
	☐ At	tach a copy	of subject v	vater right.							
	☐ At	tach a map	of the autho	rized place	of use.						
			f <u>all</u> property telephone n	owners and umber.	d propert	y owner	contac	t informa	tion, inc	cluding n	ame,
		ovide tax particular		cation numb	ers and	acreages	s for ea	ich prope	rty own	er within	the
			of property urtenant wat	transfer dee er rights.	ed, contra	ct, or ot	her doo	cumentati	on indic	cating div	ision of
			P	ROPERTY	OWNER	AGREE	MENT				
1.	Signatories agree to the division of the subject right consistent with the apportioning presented herein. Agreement of this apportioning reflects the historic beneficial use of water on the property.										
2.	It is the responsibility of each property owner to verify that his or her "share" of the original right reflects the historic beneficial use of water on his property. If, after a superseding document is issued by Ecology, it is determined that the historic beneficial use of water on that property is less than the quantities agreed to herein, Ecology shall reduce said quantity to the portion put to beneficial use on that property.										
3.	The division of the original right into superseding documents shall not be construed as validation as to the extent and validity of the original right. The amounts authorized on the superseding portions of said right are not confirmed in this division. The actual amounts authorized on the superseding documents are subject to the historic beneficial use on the appurtenant property.										
4.		operty owne ding docum		esponsible fo	or payme	nt of fee	s asso	ciated wit	h the is	suance o	of
	DES			ON OF THE							3
(1)	Property	Owner Na	me:								
	Tax Par	cel Number	s Owned wit	thin Authoriz	ed Place	of Use:					
	Share of Qi, (gpm or cfs):					_Share c	of Qa, (acre-feet)):		
	Share of	f acreage irr	igated:			-					
	Authoriz	ed purpose	(s) of use:								
	Check o	ne of the fo	llowing:								
	☐ Th	ne authorize	d point of di	version is or	n my proj	perty and	d will co	ontinue to	be use	ed.	
				version is no				have ente	ered into	o a share	ed use

Property Owner Signature

change application with Ecology.

The authorized point of diversion is not on my property, and I plan to construct a new diversion point on my property. I plan to file a change application or submit a showing of compliance form to Ecology to cover this change in the point of diversion. I understand that if I plan to use the water for a different purpose or in a different location than described above, I must file a

(2)	Property Owner Name:							
	Share	are of Qi, (gpm or cfs):Share	_Share of Qa, (acre-feet):					
	Share of acreage irrigated:							
	Authorized purpose(s) of use:Check one of the following:							
		The authorized point of diversion is on my property and will continue to be used.						
	The authorized point of diversion is not on my property, but I have entered into a shared use agreement with the owner of the authorized diversion point.							
	rty, and I plan to construct a new diversion tion or submit a showing of compliance diversion. I understand that if I plan to use ation than described above, I must file a							

Property Owner Signature

Please forward your completed form to the appropriate region office below.

Ecology Regional Offices	Address	Information and Receptionist
Northwest Region	3190 – 160 th Avenue SE Bellevue WA 98008-5452	(425) 649-7000 TTY*
Southwest Region	Mailing Address: PO Box 47775 Olympia WA 98504-7775	(360) 407-6300 TTY*
	Physical Address: 300 Desmond Drive Lacey WA 98503	
Central Region	15 West Yakima Ave, Suite 200 Yakima WA 98902-3452	(509) 575-2490 TTY*
Eastern Region	North 4601 Monroe Spokane WA 99205-1295	(509) 329-3400 TTY*
*All Ecology Offices		* TTY for Hearing Impaired 711 or 1-800-833-6388

